

Certif	ficate of Mailing		S. Pro	
Date of Deposit October 18, 2001	Label Number:	EL874187256US	11002 U	
I hereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Commissioner for Patents, Washington, D.C. 20231.				
Guy Beardsley Printed Name of Person Mailing Correspondence	Signature of Pe	erson Malling Correspondence		

UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(b)				
Attorney Docket Number	00786/387003			
Applicant	Ausubel et al.			
Title	METHODS FOR SCREENING AND IDENTIFYING HOST PATHOGEN DEFENSE GENES			
PRIORITY INFORMATION:	•			
This application is a continuation-turn, claims benefit of U.S. provis	in-part of U.S. Serial No. 09, ional application 60/195,097	/827,789 filed on April 6, 2001 which, in , filed on April 6, 2000.		
SMALL ENTITY STATUS:				
☐ Applicant claims small entity status under 37 C.F.R. § 1.27.				
APPLICATION ELEMENTS:				
Cover sheet		1 page		
Specification		24 pages		
Claims		8 pages		
Abstract		1 page		
Drawing		4 sheets		
Combined Declaration and POA, which is:		3 pages		
■ Unsigned;		×		
☐ Newly signed for this application;				
☐ A copy from prior application [**SERIAL NUMBER**] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.				
Sequence Statement				
Sequence Listing on Paper				
Sequence Listing on Diskette				
Small Entity Statement, which is:				
☐ Unsigned:				

☐ Newly signed for this application;				
☐ A copy from prior application [**SERIAL NUMBER**] and such small entity status is still proper and desired.				
Preliminary Amendment				
IDS				
Form PTO 1449				
Cited References				
Recordation Form Cover Sheet and Assignment				
Assignee's Statement				
English Translation				
Certified Copy of Priority Document				
Return Receipt Postcard	1			
FILING FEES:				
Basic Filing Fee: \$740	\$740.00			
Excess Claims Fee: 86 - 20 x \$18	\$1,188.00			
Excess Independent Claims Fee: 8 - 3 x \$84	\$420.00			
Multiple Dependent Claims Fee: \$280	\$			
Total Fees:	\$2,348.00			
■ Enclosed is a check for \$2,348.00 to cover the total fees.				
☐ Charge [\$**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees.				
☐ The filing fee is not being paid at this time.				
■ Please apply any other charges, or any credits, to Deposit	Account No. 03-2095.			
CORRESPONDENCE ADDRESS:				
Karen L. Elbing, Ph.D. Reg. No. 35,238 Clark & Elbing LLP 176 Federal Street Boston, MA 02110	Telephone: 617-428-0200 Facsimile: 617-428-7045			
CUSTOMER NO: 21559				
Signature (James D. DeQamp, Ph.D. Reg. No. 43,580)	18 October 2001			
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